



SECTION ONE

Culture and the Human Condition—An Introduction



CHAPTER 1

There Is Health, and There Is Health . . .

(Laura Smith Encounters a Situation)

Let's engage in an imaginative exercise. Think of a person—let's call her Laura Smith. Of course you don't know much about her at this point, but let's just say she comes from a family of medical practitioners in Phoenix, Arizona, and though she is not a medical professional (in fact, she is a graduate student in New York), she is relatively well versed in biomedical knowledge.

But today, she is not in Arizona, or New York. She is in another country. And today, she doesn't feel well. In fact, she feels *sick*. She is throwing up, and seems to have a fever, and in addition, her side hurts and her feet feel swollen. So as she suffers in her hotel room, she searches in her mind for an explanation, a label. She wants to know what to call her sickness. *OK, what exactly is wrong here . . . ?* In her mind, she goes through a checklist of her symptoms and tries to connect them to a cause. *Did I eat something bad? Hmmm, maybe the shrimp I had last night. After all, seafood that isn't fresh can cause problems. Or was I around someone who had a virus, like the flu, that I caught? Were they coughing? Hmmm, did I get an insect bite? Was it a virus or bacteria from an insect bite? Ahh, maybe the water . . . but no, I'm pretty sure I drank only bottled water.*

Not arriving at a satisfactory connection, she goes downstairs to the hotel desk. This particular hotel is not a major chain, or even a big hotel, but a small, local hotel. Using sign language and whatever else she can to com-

municate, she manages to get across to the desk clerk that she needs a doctor of some kind. He smiles reassuringly, and points down the road, giving her an address. So she walks, still feeling weak, to the corner of the block and to the address she was given. It looks like a small store. She frowns and looks around, quizzically, and proceeds into the store, showing the address to an old woman behind the counter who points up a set of stairs. Shaking her head and muttering, Laura makes her way up the stairs to an office that has a strange icon on the door and in English, as well as other languages, the words "Healing Arts." Somewhat desperate at this point, she opens the door and enters. *OK, at least it looks like a waiting room. There is a counter, and someone behind it.* The woman behind the counter motions her to sit down.

About 10 minutes later, the door next to the counter opens and a short man with his gray hair in a long ponytail pokes his head out. He bows his head and motions for her to come in.

Laura asks, right away, "Do you speak any English?" He nods, and she breathes a sigh of relief.

"Tell me," he says in a low, but soothing voice, accented but clear enough for her to understand, "what is the problem?" She describes her symptoms and the healer nods his head. Then he asks her a few questions. "Tell me, why are you traveling here?" *An odd question, but I'll answer.* "Well, I have an internship in Indonesia,

you know, for graduate school, and I thought I'd take a few stops on the way and see some things I have wanted to see. I even have a list."

The healer nods his head. "Ah, so you are in a hurry?" Laura furrows her brow, not knowing how to answer. "Yes, I think you are. You have a list. Now, let me ask you . . . this graduate internship, what is it for?"

"It's for international management."

"Ah, international management. Yes, you would like to manage. Well then, wait one minute." The healer reaches into a carved chest with the same icon that appeared on the door. He pulls out a long wooden dowel with a disk at one end covered in symbols and some kind of language. "Please, lay back." As he brings out

the dowel, he lights two or three candles that burn with a strong aromatic fragrance. He takes the dowel with its disk-symbol, and proceeds to wave it slowly back and forth up her body, from her feet to her head. He puts the dowel away and holds her wrist, closing his eyes, then taking her other wrist and doing the same.

Laura is beginning to feel alarmed. *What is he doing? What kind of doctor is this?* "Excuse me, what exactly are you doing? I thought you were, like, a doctor of some kind!"

"Shhhhh. I am, I am. Just be still." He then holds each of her ankles, this time humming what seems to be a quiet chant. "Please sit up now." Puzzled, Laura follows his direction. "Just a few more questions. Can you tell me, when

FIGURE 1-1 City Streets—USA



Source: © emin kuliye/Shutterstock, Inc.

you are in your country, what is your typical day? By this, when you get up, what you do, things of this type?”

By this point, Laura is tired and simply goes along with the process. “Let’s see, I get up at 7 a.m., eat a quick breakfast . . .”

“What do you eat?” he interjects.

She finds herself strangely willing to talk. “I don’t know, maybe a bagel and cream cheese, maybe a bowl of cereal. Then I rush out the door to catch a bus to the subway. Sometimes I’m late so I run. Then I get to work and go and get a cup of coffee before I go to my office—I work part time at an import-export company while I’m in graduate school. Then I try to catch up with the pile of forms and papers on my desk because at 2 in the afternoon I have to go to class . . .”

“Do you eat in the middle of the day, lunch?”

“Oh yeah, lunch. I run back downstairs and grab a sandwich, oh any kind, ham and cheese, whatever, and a soda, maybe a candy bar for energy. Anyway, then I go to class at 2 until 5, and usually come back to work for an hour or two to finish up, and then, let’s see, I get on the subway to go back home, or some days I stay at the library ’til about 10 p.m., then go home. Sometimes I wish I had a car. At home I . . .”

“Do you eat in the evening?”

“Oh, yeah, dinner. Geez, I don’t even know. Um, I make up something quickly when I get home or get some soup and salad at the supermarket, or get some take-out Chinese food.”

“Do you talk to anybody? Do you see family?”

“What? Oh, once in a while I catch a movie with a couple of friends. I text them, they text me. I live in New York, and my family lives in Arizona . . . that, if you don’t know, is almost on the other side of the country, and in the south.”

“I see. Please sit a minute.” The old man walks back through the door and returns with three plastic bags, each containing what looks like herbs, or in one case, leaves. He opens his cabinet and pulls out a small version of his wooden dowel with the circular disk, and gives it to Laura. “Here is what I would like you to do. Please go back to where you are staying, and open the window, but close the curtains. Put a blanket on the floor, and sit on it comfortably. Place the healing stick

I just gave to you in front of you, but not too close, so that it stands up with the disk at the top. Close your eyes and focus on the picture of the healing stick. Do this for a little while. Then get up, and go outside for a walk. Do not eat. When you come back, make yourself a tea with these (he hands her the bag with leaves in it), but let it cool before you drink it. You may then eat, but eat nothing hot. Only cold food. Before you go to bed, mix this powder (he hands her a bag with a reddish-brown powder) with a little cold water and rub this on your stomach and your head, like this (he demonstrates a self-massage technique). In the morning, make yourself the tea again, and drink when cool. Sit on the blanket, close your eyes, and think of the healing stick again. If you plan to leave to go to a new place tomorrow, wait one day before leaving. If you still do not feel good, place a small amount of this (hands her the third bag with a green powder in it) in a cup of cold water and drink it. Sit on the blanket again, but this powder may make you fall asleep. When you wake up, make the cold tea again.” The old man smiles.

Laura looks at him as if he were a character in a movie. “What?”

He nods his head, expecting her reaction. “Please, do as I ask. Your body is like the weather. It has seasons, some hot, some cold, but they always are a balance to each other. We have names for these seasons of the body, but I don’t think you want to know them. You have created many hot seasons in your body, and this has caused the different parts of your body to act in the wrong way to each other, like a family arguing. Or, you could say like a storm that is created when a hot wind blows into a cold one. What I have told you will restore your balance, for now. After that it is up to you . . . You want to manage, and you must first know how to manage yourself.”

Laura is slightly annoyed by the last comment. But she takes the materials and when she is about to leave, she asks, “Oh, I’m sorry, what do I owe you?” She fumbles for her wallet.

The old man smiles. “Ah yes. Not money. Ask the old woman downstairs to prepare me a good meal, and she will tell you how much she wants for that.” Laura mutters under her breath. As she steps out of the office,

she almost bumps in to what looks like a family sitting in the chairs, clearly waiting to be seen.

There are two young boys, in threadbare robes, and a woman with her hair up in a tight bun who is on her knees in the corner of the waiting room, placing a small bouquet of flowers into a cup of water next to a kind of altar, underneath a carved and painted figurine that is completely unfamiliar to Laura.

The woman is wearing a robe and a faded shawl. She looks up, appearing to control her surprise at seeing someone like Laura in that office. *Locals? Native Indians from around here?* Laura wonders to herself. *They must believe in this stuff.* For a moment, she has a strong urge to throw the bags of herbs and other materials on the floor and stomp out in disgust. But she doesn't want to make a scene and smiles weakly at the woman, who is still looking at her.

After walking out of the store downstairs and paying the old woman a small sum, Laura shakes her head, still feeling weak, as well as angry at herself for putting up with that. *What was I thinking? I should have walked out right away. That was no doctor . . . that was (thinking of the woman wearing a robe in the waiting room) like tribal medicine. Ancient, tribal Indian medicine. Old stuff.*

As she stands on the corner, she forgets which direction to go to return to the hotel. She feels a strong urge to call the American embassy or look up the nearest *real* doctor. She starts walking, and soon realizes this is not the right way back to the hotel. But just as she is about to turn around, she sees a small building painted in white, with a red cross on the front by the front door and the familiar staff-and-serpent symbol of the kind of medicine she is familiar with. She breathes in with a great sense of relief and walks over, re-energized, to the clinic. This time, everything looks much more familiar. A waiting room. What appears to be a nurse behind a desk. Clean chairs with magazines neatly arranged on a side table. A slight aroma of antiseptic.

The nurse says something in a language she cannot understand, and Laura looks at her and asks "English?" The nurse nods. "Yes, can I help you?"

The familiar phrase, the antiseptic smell, the familiar surroundings. It all feels comforting. She explains her situation to the nurse, sits down in a chair, closes

her eyes, and lets her body relax into the slightly frayed upholstery. In a few minutes, as expected, the nurse calls out "Laura Smith?" She is ushered into a small office where she notices the items that, in her mind, *ought* to be there—the scale, a blood pressure monitor, a stethoscope hanging on the wall. The equipment is a little old and worn, but at least it looks right. The nurse, efficiently takes her vital signs and temperature, then leaves the room.

About 10 minutes later, a woman in a white coat walks in. In halting English, looking at a form, she says "Yes . . . I see that you have a temperature. Your other vital signs are acceptable. Now, have you eaten anything in the past 2 days that . . . was . . . perhaps, not right? Had a smell that was not right?"

"No, I don't think so. Well not that I can remember."

"Have you been around anyone who was sick that you know of?"

Laura shakes her head.

"Have you been in any crowded places for a time . . . not a short time?"

Laura tries to remember. "No, except the bus station and the airport."

The doctor seems uncomfortable as she asks the next question. "Have you, well, I am sorry to ask, have you had many alcohol drinks in the past few nights?"

Laura shakes her head.

"Anything with drugs, you know, putting some in your body?"

Laura replies emphatically. "No, not at all."

"Does your throat hurt?"

"No, not really."

"Well you may have a virus, though I am not sure right now. I will prescribe two things for you—a pain reliever and something to calm your stomach and stop the vomiting if you keep doing that. I would like you to check back with me at the end of the day tomorrow. Please do not eat any fancy or rich food, just hot soup or things that are very simple with no spices. And rest. There is a pharmacy next door to this clinic. It is small but they will have these things. You may go now, and please see the nurse at the desk before you go."

"Thank you." Laura nods. This is more or less what she expects. She walks back out and the nurse tells her

FIGURE 1-2 Typical Waiting Room

Source: © Monkey Business Images/Shutterstock, Inc.

that the charge will be 25 American dollars for the visit. She pays, and goes next door to buy the prescriptions recommended by the doctor.

With a few questions, she is able to re-orient her directions and walk slowly back to the hotel, which—*thankfully*—is only a few blocks away.

In her room, she sits down on her bed and tries to make sense of the day. *I mean, who was that healer? Wow, I sure didn't know what that was about. Should I just throw that stuff away that he gave me? I mean, I do have a prescription now. And what was all that he said to me about seasons and balances and all that? But, well, it was kind of interesting. All the stuff about too much hot seasons—in a way I kind of get what he meant by that.*

For the moment, she doesn't throw out the bag of healing materials he gave her, and tries to think about

FIGURE 1-3 Pills (Biomedical Magic)

Source: © Photos.com

what to do. Take the prescriptions and lay down? Sit on the floor and look at the healing stick and take the tea and powder?

* * *

What our fictional Laura experiences is just one small facet of the substantial diversity that surrounds what we call *health*. Like every other domain of human existence, the domain of *health* does not exist apart from its socio-cultural context. It is, in fact, woven deeply into the fabric of that context, so that if we are to understand anything about it among the diversity of peoples and societies that exist globally, addressing the interconnections between health and its socio-cultural context is vital.

Consider a few questions:

1. What do you think Laura will do with the herbs and healing materials she got from the indigenous medical practitioner?
2. What was her problem with the setting and procedures she encountered with the indigenous practitioner?
3. Why do you think she felt more comfortable when she found a clinic?
4. What does her experience tell you about health and culture?

In this book, this will be our project—not to understand all cultures and their relationship to health, but to understand *how to think about that relationship, and how to work with the culture–health relationship in the design, implementation, and evaluation of health promotion efforts*. To do that, we will cover the following:

- After the introductory scenario about Laura Smith, Section One begins by introducing the concept of culture, not only through the analysis of definitions and specific features, but by presenting the idea in a broad sense as a key aspect of what makes us human. Culture will be connected to the way all humans interpret and make sense of life, to the way we are socially organized and carry out our daily tasks, and as a key source of motivation for behavior. Following this introduction, Section One draws the initial, broad connections between cul-

ture and health by examining the question, “what is health?” from several cultural perspectives.

- Section Two clarifies the connections between culture and health through the use of several conceptual tools and approaches—the idea of systems of health knowledge and practice known as ethnomedical systems and ethnopsychiatric systems; the connections between such systems and types of health treatments, as well as types of healers; the moral dimension of health and illness (including stigma) that flows from cultural views related to illness causation; the idea that vulnerability to disease (and people’s reactions to that vulnerability) is shaped by socio-cultural structures that include class, gender, and other social divisions; and the idea that perceptions of health risk are filtered through cultural lenses that offer different answers to the question, “what is a health risk?”
- In Section Three, we move to practical applications and implications of the conceptual tools covered in Section Two. First, we take an in-depth look at several examples of health issues that are significantly impacted by cultural factors: HIV/AIDS, obesity and its consequences (diabetes, cardiovascular health), and youth violence—now viewed globally as a public health issue. Then there is a review of practical strategies and approaches for identifying cultural factors that affect health conditions, and working with these factors to develop and implement public health interventions that make sense in context and are more likely to be effective. These research strategies are followed by examples of health promotion programs that address a range of cultural factors. Finally, Section Three wraps up with a discussion of cultural competence—the way in which this term has been applied in relation to general efforts to eliminate disparities in health, and introducing a set of cultural competence principles that follow from the material covered in the book.

The general flow of these sections is intended to cover a continuum from understanding to action. After that, it’s your turn!